



Practice Based Research Networks

When we try to pick out anything by itself, we find it hitched to everything else in the universe --John Muir

LTC Mark Chapin, Ph.D. Assistant Professor



Challenge of Primary Care

• Research

- Patients present with multiple problems
- Presenting problems imbedded in context
 - Occupation or unemployment
 - Family and social connections
 - Life events and stages
- Primary care providers use multiple interventions
 - Drugs --Education
 - Surgical procedures --Diet
 - Exercise --Counseling
 - Community services referral --Reassurance
 - Watchful waiting



Limits of Traditional Clinical Research

- Most clinical research is reductionistic
 - Isolates single disease or disease processes
 - Location in tertiary medical centers creates selection bias
- Disease is studied in highly selected patients
- Designed to evaluate single interventions
- Focus on quantitative outcomes
 - Measurable physical outcomes, survival time
- Rarely looks at outcomes of primary care
 - Relief of suffering
 - Preservation or restoration of function
 - Sense of being understood and listened to



Primary Care Research Needs

- Gain access to relevant health care phenomena of primary care
- Identify practice-relevant research questions
- Develop capacity for conducting research
 - Integrates practice wisdom of care providers
 - Uses rigorous multi-method research approach



Practice Network

Characteristics

- Focus on primary care research in community based populations
- Provide access to the care practiced by full time primary care clinicians
- Practice-relevant research questions
- Systemic involvement of network's clinicians



Areas Researched by

- PBRN's
- Use of antibiotics in Otitis Media
- Diagnostic procedures for patients with headache
- Management of patients with miscarriages
- Carpal Tunnel Syndrome
- Non-hospitalized patients with chest pain
- RCT of brief office intervention for problem drinking



Examples of PBRN's

- SURF*NET: San Diego Unified Family Medicine Research Network. Focuses on underserved populations
- COOP: Dartmouth Primary Care Cooperative Research Network: Independent practitioners in rural New England settings
- ACORN: Virginia Ambulatory Care Outcomes Research Network: collects longitudinal data on primary care patients



Advantages of Practice Based Research Networks

- Access to practice-based issues not usually approached by biomedical researchers
- Low-cost/low burden studies
- Population Power
 - ASPN covers 72 practices in 32 states and 4 provinces comprised of 343 clinicians and 350,000 patients seen in 800,000 visits per year
- Standing network has capacity for multiple studies
 - Both consecutive and concurrent studies
 - Individual practices pick which studies they want to participate in
- Short feedback loop to translate findings into practice improvement



Limitations of Practice Based Research Networks

- Completeness and accuracy of reporting
- Generalizability:
 - how representative is the network's patient population to the larger US population?
 - How representative are the network's practitioners of national practitioner traits?



A Military Family Medicine

PBRN?

- Not yet!
- Structure of military medicine supports collection of data across multiple sites
- Unique demographics and military specific problem areas
- Emerging concerns of combat injuries, DNBI's, and deployment issues



A Modest Proposal

- Capitol area primary care sites
- Capitol area family residency sites
- Connection with USUHS as training site and research institution
 - Access to grant funding mechanisms
 - Own IRB to streamline approvals
 - Opportunities for research by
 - Medical Students
 - FP Residents
 - Faculty